## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund		C C00448696
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination
		06 23 Y Y Y Y Y Y
Mailing Address PO Box 388		Amount
City State	Zip Code	1403.55
Alexandria VA	22313-0388	Transaction ID: EC9F0B8CBAEE64E468F5 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Online Processing	Category/ Type	06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District:
Christopher Brian Mcdaniel	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Dis 201	sbursement For: Primary General  14  ✓ Other (specify) ► Primary Run-Off2014
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
Oily	Zip Gode	
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	
Name of Federal Candidate		fice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	Sbursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1403.55
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>	
(c) TOTAL Independent Expenditures	······	1403.55
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	nically Filed] Date	06 23 / 2014
Signature	_	